

Mississippi Secretary of State  
700 North Street P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Mississippi Division of Medicaid		CONTACT PERSON Kristi Plotner		TELEPHONE NUMBER 601-359-6698	
ADDRESS 550 High Street, Suite 1000		CITY Jackson		STATE MS	ZIP 39201
EMAIL Kristi.Plotner@medicaid.ms.gov	SUBMIT DATE 11/02/2012	Name or number of rule(s): Administrative Code Title 23: Part 209 Durable Medical Equipment and Medical Supplies, Chapter 1: Rules 1.12, 1.13, 1.22, 1.26, 1.47, 1.48, 1.49, 1.51, 1.52 and Chapter 2: Rule 2.2, and 2.5			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The MS Division of Medicaid's Administrative Code filing is for language clarification to Title 23: Part 209 Durable Medical Equipment and Medical Supplies, Chapter 1: Rules 1.12, 1.13, 1.26 and Chapter 2: Rule 2.2. Chapter 1: Rule 1.22 was moved to Chapter 2: Rule 2.5 with language clarification. Chapter 1 Rule 1.49 was combined with Rule 1.47 for language clarification. Chapter 1: Rules 1.51 and 1.52 were inadvertently not filed with the April 1, 2012, Division of Medicaid's Compilation filing.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. § 43-13-121

List all rules repealed, amended, or suspended by the proposed rule: Title 23: Part 209 Durable Medical Equipment and Medical Supplies, Chapter 1: Rules 1.12, 1.13, 1.22, 1.26, 1.47, 1.48, 1.49, 1.51, 1.52 and Chapter 2: Rules 2.2, and 2.5

**ORAL PROCEEDING:**

☐ An oral proceeding is scheduled for this rule on Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

**ECONOMIC IMPACT STATEMENT:**

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

**TEMPORARY RULES**

\_\_\_\_ Original filing  
\_\_\_\_ Renewal of effectiveness  
To be in effect in \_\_\_\_ days  
Effective date:  
\_\_\_\_ Immediately upon filing  
\_\_\_\_ Other (specify): \_\_\_\_\_

**PROPOSED ACTION ON RULES**

Action proposed:  
\_\_\_\_ New rule(s)  
☒ Amendment to existing rule(s)  
\_\_\_\_ Repeal of existing rule(s)  
\_\_\_\_ Adoption by reference  
Proposed final effective date:  
\_\_\_\_ 30 days after filing  
☒ Other (specify): January 01, 2013

**FINAL ACTION ON RULES**

Date Proposed Rule Filed: \_\_\_\_\_  
Action taken:  
\_\_\_\_ Adopted with no changes in text  
\_\_\_\_ Adopted with changes  
\_\_\_\_ Adopted by reference  
\_\_\_\_ Withdrawn  
\_\_\_\_ Repeal adopted as proposed  
Effective date:  
\_\_\_\_ 30 days after filing  
\_\_\_\_ Other (specify): \_\_\_\_\_

Printed name and Title of person authorized to file rules: David J. Dzielak, Ph.D., Executive Director  
Signature of person authorized to file rules: \_\_\_\_\_

**OFFICIAL FILING STAMP**

Accepted for filing by \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE  
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.